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THE APPLICATION OF A FOLLOW-UP TECHNIQUE IN AN  
EXPERIMENTAL MILITARY OPERANT CONDITIONING PROGRAM

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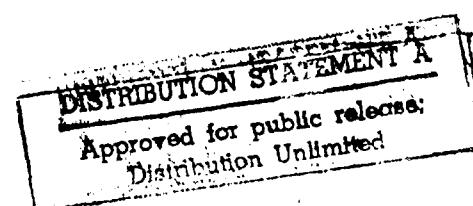
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In the past decade there has been an increased awareness of the need for follow-up studies in psychiatry. It has been noted with criticism that systematic follow-up of psychiatric patients is remarkably rare.<sup>1</sup> The need for such studies has been accentuated by the findings of investigators such as Eysenck,<sup>2</sup> Freeman and Simmons,<sup>3</sup> and Lewis<sup>4</sup> which show that the effectiveness of psychotherapy was difficult to establish. The purpose of this paper is to present the follow-up procedure and instrument utilized as an integral part of an experimental behavior modification program with hospitalized character and behavior disorder patients. The statistical findings of this program are being prepared for future publication. Preliminary results have already been presented by Stayer and Jones.<sup>7-10</sup> The follow-up method described in this paper is a practical attempt to obtain objective and valid data on the long-range effectiveness of the treatment program as well as a means of learning more about this patient population.

Patients diagnosed as character and behavior disorders tend to be uncooperative, manipulative, and not amenable to usual forms of psychotherapy. They are often separated from the military as unsuitable and unfit for duty.<sup>4</sup> At Walter Reed General Hospital, an operant conditioning program using a point economy system was instituted<sup>1</sup> in an attempt to develop methods of controlling such patients in an open ward setting and to return them to duty as functional members of the Armed Services. The design of the study allowed for all hospitalized character and behavior disorders\* in the Department of Psychiatry and Neurology to be randomly assigned to either the operant conditioning program for 16 weeks of treatment or returned to duty without further treatment. A follow-up of the patients returned to duty without further treatment, the control group, would provide normative data on the outcome of such patients treated according to usual hospital practice and

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\*Excluding homosexuals, drug addicts and patients with charges pending.

procedure. This normative data could then be used for comparison with the follow-up data on the patients treated with 16 weeks of operant therapy, the experimental group.

#### METHOD AND INSTRUMENT

The data collection process involved in the follow-up began prior to a subject's discharge from the hospital. Demographic, pre-admission and other relevant information was recorded before a subject returned to a regular duty assignment. This phase of the follow-up has proven to be critical in that information not obtained while the subject and his records were readily available, has subsequently proven to be extremely difficult to obtain. Technically this information is available through other sources but it was found that other departments and agencies are often behind in their record keeping, sometimes lose records, require information be requested according to time-consuming formats and generally do not share the investigator's urgency and need for accurate, reliable information.

Four months after subjects from both groups are discharged from the hospital, a follow-up is made, in person, to each subject's unit by either a psychiatrist, social worker or psychologist. A fifteen-page data collection instrument is used on each follow-up. Space does not permit the presentation of the entire instrument in this paper.\* The following chart is an outline of the data collected with this instrument and reflects the three major data categories: environmental characteristics, functioning of the subject and comments and remarks of the investigator.

\*See Appendix I

Accommodation	Attitudes	Comments	Functioning	Remarks
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*A*

**Summary of Information Recorded on Data Collection Instrument.**

**I. Demographic data regarding:**

**A. Mental Hygiene Facility**

- a. Personnel
- b. Field Programs
- c. Referral procedure
- d. Population served
- e. Contact with subject

**B. Post**

- a. Location and mission
- b. Housing situation
- c. Recreational facilities

**C. Unit**

- a. AWOL, Art.15 and Court Martial status
- b. Authorized and actual strength of unit.
- c. Mission
- d. Combat Status
- e. Day room

**II. Evaluation of Subject. Source:**

**A. Commanding Officer**

- a. Knowledge of subject's psychiatric history
- b. Overall performance rating
- c. Prognosis for completing active duty

**B. Supervisor (NCO)**

- a. Promotion
- b. MOS assignment
- c. Appropriate manipulations
- d. Disciplinary actions
- e. Knowledge of psychiatric history
- f. Overall performance
- g. Prognosis for completing active duty
- h. Twelve item evaluation
- i. Peer relationships

**C. Subject**

- a. Change in marital status
- b. Rating of assignment
- c. Socio-economic data
- d. Opinion of hospitalization

**III. Remarks and comments of investigator**

At a minimum, three significant persons are interviewed, namely the subject, his commanding officer and the non-commissioned officer who supervises the subject. The commanding officer often has little personal knowledge of the subject unless he is outstanding in some positive or negative way. Nevertheless the C.O. is an important source in that it is through him that one gains access to information regarding the unit as well as other personnel whom the investigator might wish to interview.

The subject's immediate supervisor is seen as the most important source of information in that he closely monitors and is immediately responsible for the subject's work performance and usually is knowledgeable about the subject's peer relationships, recreational activities and any problems he may be encountering. A twelve item rating of the subject is obtained from the supervisor. This rating uses a five-point scale (1-poor; 2-fair; 3-good; 4-very good; 5-outstanding) and evaluates cooperativeness, reliability, job performance, physical condition, military career potential, adaptability, conduct, initiative, military bearing, application, leadership, and job knowledge. The model for this rating was the standard enlisted efficiency rating used throughout the Army.

The subject is interviewed regarding his present situation and his subjective assessment of the effect on him of his hospitalization at Walter Reed. The post Mental Hygiene facility is visited to obtain information regarding contact with subject if that has occurred. In addition a brief assessment of the Mental Hygiene facility's personnel and programs is made in order to make a judgement as to the availability of mental hygiene services.

The data collection instrument also provides for documentation of various environmental variables which were hypothesized to affect an individual's functioning in a unit and post. Included among these variables is the frequency of AWOL's, non-judicial punishment, courts martial, as well as the authorized and actual

strength of the unit for the 12-month period prior to the follow-up. These statistics are considered to be measures of the morale of the unit.\* Other variables documented are the recreational facilities available on post and in the unit, the availability of housing, the distance of the post from the nearest large city, the mission of the unit, and the likelihood of the unit to be deployed to a combat zone.

The time required to obtain the information indicated above, exclusive of travel time, is approximately one-half day. The unit and the mental hygiene facility are contacted by telephone at least one week prior to the follow-up visit by the investigator making the follow-up. At this time they are alerted as to the personnel and information that the investigator will need to have available to him. The telephone preparation is an essential prerequisite for completing the evaluation in one-half day or less. In addition, the personal telephone contact gives the investigator an opportunity to define the purpose of the visit as an evaluation of a hospital rehabilitation program and not one of the unit or Mental Hygiene facility. It has been found that unit commanders have been very receptive to such follow-up visits and have generally been extremely cooperative. Several commanders remarked that they appreciated the fact that these supposedly rehabilitated soldiers were given a thorough follow-up. The idea of evaluating a program in a real-life situation appealed to them.

Twelve months after a subject is discharged from this hospital, a telephone follow-up is made by an enlisted research assistant. The individual's unit is contacted to verify that he is still on active duty and to document any significant changes in his behavior.

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\*These variables require analysis. A unit with a high court martial rate may still function well. Essentially the men would be on a negative reinforcing program, i.e., working to avoid punishment.

## DISCUSSION

The follow-up procedure of having a social worker, psychiatrist or psychologist make systematic in-person evaluations of patients discharged from a psychiatric program is unique in the military. These follow-up evaluations have resulted in the collection of systematic, objective, comparable data as well as a significant quantity of professional observations not specified in the data collection instrument. The criticism, suggestions, and ideas generated from the observations of the follow-up investigators has provided valuable feedback to the program both in terms of the operation of the program and the conduct of the follow-up.

The location of this program in a training hospital for psychiatric residents and psychology interns has had the advantage of having available professional trainees with the time and interest to be involved in the research aspects of a clinical treatment program. With only minimal training, it was possible for residents and psychology interns to make fruitful follow-up evaluations by utilizing the structured data collection instrument described above.

In contrast to a mailed questionnaire, the follow-up procedure avoided some of the traditional problems of poor return rate with mailed inventories in that an in-person visit cannot be as readily disregarded, delayed or forgotten. In view of the prevalent tendency in the military to inflate performance ratings of individuals, the professional interview tends to minimize this bias by functioning as a validity check on ratings by noting discrepancies of an individual rater, between raters and between the ratings and other objective measures such as type of job assignment and promotion. It has been found that after adequate explanation of the purpose of the evaluation, raters tend to be generally open and honest.

There has been a problem in using this follow-up procedure with those subjects who were assigned overseas within four months after discharge from this hospital.

The data collection instrument was not self-explanatory enough that it could be mailed to the local mental hygiene clinic for completion. Subjects who were sent to combat areas are even more of a problem to follow-up; it has been possible to obtain only minimal follow-up data on such soldiers. It has been found that ten percent of the subjects were, in fact, sent overseas within four months after discharge from Walter Reed. The percentage of such persons in the experimental and control groups has been almost identical.

The budgeted cost per trip is \$50.00. This money is solely for travel costs since the personnel are all active duty military personnel. It has been possible to remain within the budget estimate because many trips were in the local area requiring little or no transportation costs and some of the long distance follow-ups involved two subjects at the same post. It is expected that in civilian treatment programs such a follow-up program would involve even less travel cost assuming the civilian subjects would, as a group, be less mobile than a comparable military group.

#### SUMMARY

The follow-up procedure described is being used in a military hospital to evaluate the long-term effectiveness of a behavioral modification program treating character and behavior disorder patients. This method provides for the collection of uniform objective data as well as direct subjective professional observations of a subject in the environment in which he functions. In addition to program evaluation, this method is providing an in-depth study of character and behavior disorder patients of a descriptive nature. This program offers psychiatric residents and psychology interns the opportunity of participating in the evaluative aspects of an experimental program and at the same time reduces the operational staff requirements. The systematic feedback to the staff of the results of the in-person follow-up visit has implications with regard to staff motivation and

program alterations. While this method is subject to improvement, it is a practical attempt to respond to the need for follow-up in psychiatry.

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# Appendix 1

## FOLLOW-UP STANDARD OPERATING PROCEDURES

Walter Reed General Hospital - Walter Reed Army Medical Center  
August 1970

This SOP outlines the office procedures for operating the follow-up section of Project 108. It is necessary to complete all the procedures mentioned in order to have the data readily available for analysis and preparing of reports.

The office procedures are divided into four categories:

1. Experimental Group Subjects
2. Comparison Group Subjects
3. Drop-out subjects
4. General

## EXPERIMENTAL GROUP SUBJECTS

## I. Prior to discharge from Ward 108:

## a. Obtain copy of:

1. Complete clinical record
2. Orders
3. Discharge note
4. Orientation interview

## b. Complete 5 x 8 index card - samples in office.

c. Enter patient's name on list of "missing narratives." Remove name when narrative is received for stay on Ward 108.

## II. After discharge from Ward 108:

## a. Assign an identification number

## b. Obtain staff ratings

## c. Record:

1. Staff ratings on data type 02 (code and examples in office).
2. Complete data type 01 (code and examples in office).
3. Admission and discharge diagnoses on appropriate data sheet.

## d. Telephonic verification of arrival at unit and record on 5 x 8 card:

1. Name of C. O. and first sergeant
2. Telephone extension(s) of unit.
3. Date of telephone call

e. Project date of follow-up trip (A-1) four months from date of discharge. Maintain calendar or list of projected follow-up trips.

## III. Follow-up trip:

## a. Verify duty station 2 weeks prior to projected follow-up trip.

## b. Request TDY orders (examples on file in office).

c. Furnish telephone numbers and names of appropriate unit personnel to officer making follow-up trip so that coordination and specific arrangements can be made. This should be done no later than one week prior to follow-up date.

## d. Furnish officer making follow-up trip with:

1. Two copies of follow-up instrument
2. Copy of descriptive paper on Ward 108.
3. Copy of clinical record.
4. Names and telephone numbers of appropriate personnel in unit.

IV. After follow-up trip.

- a. Record date of follow-up on 5 x 8 card.
- b. Obtain clinical record and completed follow-up report from officer who made the follow-up.
- c. Type follow-up report.
- d. Record data type 03 (code and examples on file in office).
- e. Complete disposition sheet with appropriate information.
- f. Complete chronological list of follow-up trips.
- g. Report follow-up to staff at regular meeting using format established. Copy of format on file in office.

V. Second follow-up (A-2).

- a. Maintain list of projected telephone follow-ups (11-month follow-up).
- b. Contact unit and obtain 11-month follow-up data as indicated on form titled "Eleven Month Follow-Up Data."
- c. Report results of follow-up to staff at regular meeting.
- d. Record information on disposition sheet.

## COMPARISON GROUP SUBJECTS

## I. Prior to discharge from hospital:

- a. Interview subject and complete "Comparison Group Data Sheet."
- b. Obtain xerox copy of clinical record and discharge note.
- c. Complete 5 x 8 index card - (samples in office).

## II. After discharge from WRGH:

- a. Assign an identification number.
- b. Record:

1. Completed data type O1
2. Admission and discharge diagnosis on appropriate data sheet.

- c. Telephonic verification of return to unit and record on 5 x 8 card:
  1. Name of C.O.
  2. Telephone extension(s) of unit
  3. Date of telephone call

NOTE: If whereabouts of subject are unknown, contact Medical Hold. Company for information as to duty assignment.

- d. Project date of follow-up (A-1) four months from date of discharge. Maintain calendar or list of projected follow-up trips.

## III. Follow-up trip.

- a. Verify duty station 2 weeks prior to projected follow-up trip.
- b. Request TDY orders. (Examples on file in office).
- c. Furnish telephone numbers and names of appropriate unit personnel to officer making follow-up trip so that coordination and specific arrangements can be made. This should be done no later than one week prior to follow-up date.

- d. Furnish officer making follow-up trip with:

1. Two copies of follow-up instrument
2. Copy of descriptive paper on ward 108
3. Copy of clinical record
4. Names and telephone numbers of appropriate personnel in unit.

IV. After follow-up trip

- a. Record date of follow-up on 5 x 8 card.
- b. Obtain clinical record and completed follow-up report from officer who made the follow-up.
- c. Type follow-up report.
- d. Record data type 03. (Code and examples on file in office).
- e. Complete disposition sheet with appropriate information.
- f. Complete chronological list of follow-up trips.

V. Second follow-up (A-2)

- a. Maintain list of projected telephone follow-ups (11-month follow-up).
- b. Contact unit and obtain 11-month follow-up data as indicated on form titled "Eleven Month Follow-Up Data."
- c. Record information on disposition sheet.

## DROP-OUT SUBJECTS

## I. Prior to discharge from Ward 108:

## a. Obtain copy of:

1. Complete clinical record
2. Orders
3. Discharge note
4. Orientation interview

## b. Complete 5 x 8 index card - (samples in office).

c. Enter patient's name on list of "Missing Narratives." Remove name when narrative is received for stay on Ward 108.

## II. After discharge from Ward 108:

## a. Assign an identification number

## b. Obtain staff ratings

## c. Record:

1. Staff ratings on data type 02 - (code and examples in office).
2. Completed data type 01 - (code and examples in office).
3. Admission and discharge diagnoses on appropriate data sheet.

d. If not AWOL, make a telephone verification of arrival at unit and record on 5 x 8 card:

1. Name of C.O. and first sergeant
2. Telephone extension(s) of unit.
3. Date of telephone call.

e. If AWOL, wait 30 days and check to see if subject was dropped from the rolls to deserter status. Record on disposition sheet for drop-outs.

## III. Follow-up of drop-outs is completed by telephone only.

a. Four months after discharge, call unit to determine disposition of subject. Record on disposition sheet and report to staff at regular meeting. Also record on 5 x 8 card with date of call.

b. Eleven months after discharge, call unit to record disposition of subject. Record on disposition sheet and report to staff at regular meeting. Also record on 5 x 8 index card with date of call.

**GENERAL**

- I. Copies of all correspondence from subject and other correspondence regarding subject should be enclosed in subject's record.
- II. All records and information leaving office must be explicitly cleared by LTC Franklin Del Jones.
- III. Final dispositions, e.g., 212's, deserted, ETS, etc., are recorded on disposition sheet as soon as they become known. Frequently, final dispositions become known at times other than at the regular scheduled follow-ups.
- IV. Requests for psychiatric reports from other posts normally are made in writing and should be forwarded to LTC Franklin Del Jones, MC.
- V. The active duty locator in the pentagon can be used to find the whereabouts of a soldier. This should not be necessary if the above outlined procedures are followed. Active duty locator has been found to be the least efficient and least accurate resource for locating soldiers.

# Appendix 2

## FOLLOW-UP REPORT

CONFIDENTIAL: FOR RESEARCH PURPOSES ONLY

DEPARTMENT OF PSYCHIATRY-WRGH  
FOREST GLEN  
WARD 108

WRAMC Form 0102 (OT)  
1 Apr 69

FRANKLIN DEL JONES, M.D.  
Colonel, MC  
Psychiatry and Neurology  
Consultant



I MENTAL HYGIENE CONSULTATION SERVICE:

A. Personnel:

1. Psychiatrist(s): \_\_\_\_\_

2. Psychologist(s): \_\_\_\_\_

3. Social Worker(s): \_\_\_\_\_

4. Technicians: \_\_\_\_\_

B. Number of military personnel served (approx.): \_\_\_\_\_

C. Field program:

1. Regular meetings with CO's:    Yes    No

Frequency: \_\_\_\_\_

2. Regular meetings with Chaplains:    Yes    No

Frequency: \_\_\_\_\_

3. Regular meetings with clinic physicians:    Yes    No

Frequency: \_\_\_\_\_

4. Other:

5. Referral procedure:

6. Service to dependents:    Yes    No

Comments:

D. Location of MHCS relative to subject's unit:

1.. On-post:  Yes  No

2. If no, number of miles away: \_\_\_\_\_

E. Contact with subject:  Yes  No

Comments:

II UNIT:

Commanding Officer:

First Sergeant:

Subject's NCO:

A. Mission:

B. Combat status:

C. Knowledge of subject's psychiatric history:

1. CO:    Yes    No

2. First Sergeant:    Yes    No

3. Subject's NCO:    Yes    No

4. Peers:    Yes    No    Unknown

D. Labeled by: CO:    Yes    No

First Sergeant:    Yes    No

Subject's NCO:    Yes    No

Peers:    Yes    No    Unknown

Self:    Yes    No

Comments:

E. Prognosis for completing active duty:

1. CO:    Yes    No

2. Subject's NCO:    Yes    No

F. Performance rating:

Scale: 1-Poor 2-Fair 3-Good 4-Very Good 5-Excellent

1. CO: 1 2 3 4 5

2. Subject's NCO: 1 2 3 4 5

G. TO & E:    Yes    No

TDA:    Yes    No

H. Is this subject's previous unit?    Yes    No

### III UNIT STATISTICS:

IV POST:

A. Location:

1. Name of nearest city or town: \_\_\_\_\_
2. Population of "1": \_\_\_\_\_
3. Number of miles to "1": \_\_\_\_\_
4. Number of miles to nearest city of 100,000 or more: \_\_\_\_\_

5. Post mission:

B. On post housing:

1. Available:    Yes    No
2. Waiting list:    Yes    No

If yes, approximate number of months: \_\_\_\_\_

C. Off-post housing:

1. Near-by:    Yes    No
2. Sufficient quantity:    Yes    No
3. Reasonable rates:    Yes    No

D. Recreation facilities on-post:

   Excellent

   Adequate

   Inadequate

E. Unit's Dayroom:

(1)  Excellent

Adequate

Inadequate

(2) Used by:  Most men

Few men

Comments:

V SUBJECT:

A. Promotion:    Yes    No

If yes, date: \_\_\_\_\_

B. Working in MOS:    Yes    No

If no, explanation:

C. Own an automobile:    Yes    No

D. Change in marital status since discharge:    Yes    No

If yes, explanation:

E. Assignment choices before leaving WRGH:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Is present assignment:    Choice

   Acceptable

   Unacceptable

F. Appropriate manipulation(s):

G. Disciplinary actions:  Yes  No

If yes, explain:

H. Leisure-time pursuits:

I. Educational pursuits:

J. Socio-economic data:

1. Father's occupation:

2. Mother's occupation:

3. Father's education:

4. Mother's education:

5. Subject's occupation:

6. Subject's education:

7. Approximate family-of-origin income (annual):

8. Approximate family-of-procreation income (annual):

9. Family-of-origin housing:  own  rent

10. Family-of-procreation housing:  own  rent

K. Leave taken after discharge from WRGH:  Yes  No

If yes, number of days: \_\_\_\_\_

VI SUPERVISOR'S EVALUATION:

Name of supervisor:

Known: \_\_\_\_\_ Months \_\_\_\_\_ Weeks

Scoring Key: 1-Poor 2-Fair 3-Good 4-Very Good 5-Outstanding

1. Cooperativeness (ability to operate jointly with others):

1 2 3 4 5

Comments:

2. Reliability (dependability in performing without supervision):

1 2 3 4 5

Comments:

3. Job performance (quantity and quality of individual productive effort):

1 2 3 4 5

Comments:

4. Physical condition (physical capacity to carry out required military duties. Ignore factors which are a result of temporary medical limitations due to recent illness or accidents. Base your evaluation on the individual's performance as you have observed it).

1 2 3 4 5

Comments:

5. Potential (future value to the service):

1 2 3 4 5

Comments:

6. Adaptability (ability to perform effectively in the face of changing demands):

1 2 3 4 5

Comments:

7. Conduct (behavior and management of personal and financial affairs):

1 2 3 4 5

Comments:

8. Initiative (energy or aptitude displayed in the initiation of action):

1 2 3 4 5

Comments:

9. Bearing (posture, neatness of dress and appearance):

1 2 3 4 5

Comments:

10. Application (interest and devotion to duty):

1    2    3    4    5

Comments:

11. Leadership (ability to influence and guide the actions of others):

1    2    3    4    5

Comments:

12. Job knowledge (the extent to which the individual possesses the knowledge to perform his job):

1    2    3    4    5

Comments:

VII REMARKS:

Appendix 3

ELEVEN MONTH FOLLOW-UP DATA

CONFIDENTIAL: FOR RESEARCH PURPOSES ONLY

DEPARTMENT OF PSYCHIATRY - WRGH  
Forest Glen  
Ward 108

FRANKLIN DEL JONES, M.D.  
Colonel, MC  
Psychiatry and Neurology  
Consultant

NAME OF SUBJECT: \_\_\_\_\_

SERVICE NUMBER: \_\_\_\_\_

PRESENT RANK: \_\_\_\_\_

DATE OF FOLLOW-UP: \_\_\_\_\_

UNIT ASSIGNMENT: \_\_\_\_\_

1. Is subject currently on active duty:  Yes  No

If no, give details and date of termination of active duty.

2. Has any disciplinary action been taken against subject in the past eleven months?  Yes  No

If yes, briefly explain.

3. Has subject received any psychiatric treatment in the past eleven months?

Yes  No

If yes, please give diagnosis, treatment and disposition.

4. Is subject currently being separated from the service under any provision of AR 635-212?  Yes  No

If yes, briefly explain.

5. Has subject been outstanding in his unit in either a positive or negative manner?  Yes  No

Comments:

6. Has there been any recent change in marital status?  Yes  No

7. Remarks: (Any additional information which might prove helpful in evaluating subject's performance).

## Appendix 4

### SOLDIERS' GUIDE TO PROJECT GROW (Group Rehabilitation Operant Ward)

Col. Franklin D. Jones, MD  
Psychiatrist & Neural Cons.  
Pentagon 2D528 DASG-PSC-F  
Washington, DC 20310

Walter Reed General Hospital  
Department of Psychiatry and Neurology  
December 1971 Edition

i

Welcome to Project GROW. This handbook contains all the information you will need to get the most out of our program. We urge you to keep this handbook so that you may refer to it whenever you have a question. If you have a particular question and cannot find the answer here, you should feel free to ask a staff member who will be glad to assist you.

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## I. Introduction

For the next few weeks Project GROW will be your duty assignment. Although Project GROW is in fact a ward, it functions as a regular military unit. The company you are attached and/or assigned to is the Medical Holding Company which is located at the Walter Reed main section. There is also a Medical Holding Company orderly room at Forest Glen.

Project GROW is based on an awards system consisting of points that are earned or lost depending on the individual and group behaviors of the participants. Points are earned by participating in the various activities and projects in the program. Earned points in turn can be used to obtain certain privileges and opportunities. Point records are maintained for each individual soldier. The expectations and privileges for each soldier will depend on his individual level of functioning in the program.

Before presenting the requirements of the program, however, we would like to make a brief note on medications. Depending on the nature of their problems some soldiers will, or will not, be on medication schedules when they come to Project GROW. For soldiers taking them, medications are an essential aspect of their progress and form an important part of our program. We urge each soldier to pay particular attention to his medication schedule and how it applies to his participation in the point system. We shall now present a description of the program.

When you first arrive at Project GROW you will be given an orientation to the program, as well as an individual schedule of activities by which you will be able to earn points, and a list of privileges you will be able to buy with your points. An example of one possible schedule is shown in

Table I and Table 2. Your schedule will be planned according to your individual problems and needs. Thus each soldier's schedule may be different from the schedules of other soldiers.

The staff is interested in doing everything we can to help you get adjusted, in helping you be comfortable on the ward, as well as helping you get to know the other people on the ward. You, on the other hand, as a soldier, are expected to participate with the staff and soldiers in helping to keep the ward, and particularly your area, neat and clean. By everyone cooperating we keep Project GROW a clean, peaceful, and interesting place to live.

## 2. Telephone Use

We ask that soldiers wishing to make phone calls use the pay phone in the hall for that purpose.

## 3. Deposits

Depending on each individual's particular program, certain activities may require the payment of a deposit which would be refunded after the appropriate completion of the activity.

## 4. Status

All soldiers will be on open ward status. However, as outlined in Table 2, points must be charged for passes to leave the ward.

## 5. Bank Points

Each week point earnings which have not been spent may be placed in "the bank" to draw interest. Bank points may only be spent for weekend passes.

TABLE I. BASIC SCHEDULE OF INDIVIDUAL  
POINT EARNINGS\*

\*Points shown below are intended to be examples only, and each individual may have different point values.

CODE	TIME	ACTIVITY	POINTS
E1	0645	Getting up in morning	+25
E2	0700	Making bed, policing own area. (Points determined by OIC or NCOIC at 0800 rounds).	+5
E3	0710	Details - must be completed by 0730.	+10
E4	0730	Breakfast	
E5	0800	Medication	+5 to +50
E6	0810	Inspection	+5 or +10
E7	0830	Unit Meeting	+5
E8	-	Written Report to be submitted by noon	+5 to +15
E9	0900	Course I: Attendance Participation	+5 +5
E10	0945	Course II: Attendance Participation	+5 +5
E11	1045	Verbal Report Attendance Speaking	+5 +20
E12		Constructive Activity. (Determined by tech on duty)	
		0700-1500 Shift	+5
		1500-2300 Shift	+10
		2300-0700 Shift	+5
	1115	Lunch	

CODE	TIME	ACTIVITY	POINTS
E13	1150- 1600	Work Project (Points determined by OIC and supervisory personnel)	
		Attendance	+5
		Participation	0 to 100
E14			
thru		Individual activities	Point earnings to be specified
E20			

TABLE 2. BASIC SCHEDULE OF INDIVIDUAL  
POINT SPENDINGS

<u>CODE</u>	<u>ACTIVITY</u>	<u>POINT COST</u>
S1	TV (The TV schedule is as follows): Monday thru Thursday: 1700-2300 Friday: 1700 thru Sunday: 2300	Flat rate of 50 points per day
S2	Ping Pong (after duty hours to 2300 hours)	Flat rate of 10 points per day
S3	Recreational games on ward	Flat rate of 10 points per day
S4	Use of Record player with earphones	30 points per hour
S5	Hourly passes	10 points per hour
S6	48-hour passes	250 points
S7	Use of personal radio	25 points per day
S8	Semi-private room	50 points per day
S9	Food Store	Point cost determined by price of items
S10		
thru	Individual privileges	Point cost to be Specified
S20		

6. Phase change

A soldier who has 1500 points in the bank will progress from Phase I to Phase II.

7. Graduation

For the soldier who is truly motivated and earnestly applies himself, successful completion of the program is possible in approximately five to ten weeks. Once such a soldier has accumulated 3000 points "in the bank" he can request consideration for graduation and convalescent leave, subject to the final approval of the staff. A soldier going on convalescent leave agrees to pay his bank points in excess of 1500 for this privilege.

Some soldiers in our program will return to duty, still others will be evaluated by an Army Physical Evaluation Board pending discharge. All soldiers, however, will be constantly evaluated by the staff and those soldiers felt to be not profiting by Project GROW will return to a closed psychiatric ward.

8. Counseling

Individual counseling is available to any soldier upon request. Requests will be assigned to qualified, available staff members. Based on the appropriateness of the interaction and motivation of the soldiers as determined by the therapist, a soldier may be charged points or rewarded points for counseling sessions.

9. Autobiographies

An additional point earning possibility for newly admitted soldiers is a handwritten autobiography, which can be submitted anytime during the first week in the program.

10. Sign-out sheet

Each time you leave the unit for any purpose, you are required to sign out on the sign-out sheet in the office. Record the time (in military time) that you are leaving the unit as well as your destination. When returning to the unit, indicate in the proper column the time that you returned.

11. Sleeping arrangements

Beds are available at no point charge in the main bay area. If you should want to move into a semi-private room you must notify the staff in advance. You will then be charged the appropriate number of points.

12. Room policy

If you, while on points, utilize a room whether for sleeping, storage of personal items, or use of the latrine, you are responsible for the cleaning of the general room area. General room area is any area except an occupied bed, wall locker, or dresser utilized by another soldier. (Empty areas in the said room are also classified as general area). This is in conjunction with all other standing rules concerning rooms.

13. "G.I. Parties"

G.I. Parties are mandatory by order of the Commanding Officer of the Project. Failure to attend results in a Disposition Form being sent to the Medical Holding Detachment, Walter Reed General Hospital, and may lead to an Article XV. There is a monthly G.I. Party prior to the Hospital Inspection. Each Friday morning there is also a G.I. Party. Following this is the Commander's Inspection. The inspection must be passed for an individual soldier to leave the unit on weekend pass. G.I. Parties may also be held at any time deemed necessary by the Commander.

14. AWOL

By regulation, being AWOL from the ward for twenty-four hours or more will result in a Disposition Form being sent to Medical Holding Detachment, and may lead to an Article XV.

15. Contracts

One way in which it is possible to earn a large number of points is through the "contract system." If you are interested in or have some ability in a particular field, you may want to make a contract agreement with a staff member. There are a number of contracts that are available and we encourage you to make use of them. Some of the contracts are:

A. Photography contract: The holder of this contract is responsible for keeping a photographic record of all unit activities such as work project, morning classes, as well as recreational and social activities. He will receive points for going to the photography lab several evenings a week to work on this contract (CE-1).

B. Library contract: If you enjoy doing some reading in the library during your free time, this contract will permit you to do so and to earn points for it at the same time. The soldier who maintains this contract will organize a group of interested soldiers and take them to the Forest Glen (or main hospital) library one or more evenings a week, and will be responsible for awarding points to the participants (CE-2).

C. Physical Training contract: For someone who wants to keep physically fit, this contract offers a good opportunity to do so. The instructor leads the other soldiers in a number of exercises each morning and awards them points for their participation (CE-3).

D. Commissary contract: Once each week, we purchase goods from the commissary to use in our unit snack bar. The soldier who holds this contract assists in the selection and purchasing of the items. Execution of this contract is the work project of the soldier for that day. (CE-4).

E. Craft Shop contract: An excellent opportunity for someone to make use of the Forest Glen craft shop. One may earn points for making items that may serve a purpose for the unit, such as book shelves, bulletin boards, etc. (CE-5).

F. Education contracts: The unit has a great deal to offer someone in the way of education. We have programmed courses in English, Spanish, electricity, mathematics, and others. In addition, if you do not have a high school diploma, it is possible for you to earn a General Education Diploma (GED) while you are here on the unit. A member of the staff will assist you in setting up a program of study and will set up an appointment for you if you wish to take the test for the GED. Through an education contract, you may help yourself by improving yourself, plus earn a large number of points per week. (CE-6).

G. Stock Market contract: The soldier or broker of this contract earns points commensurate with 5% of all sales for the period of one week. (CE-7).

#### 16. Program Planning and Review meeting

The staff will hold a daily program planning and review meeting to assess the progress of each individual patient and to alter his earnings and spending schedules accordingly.

17. Sickness

If you are not feeling well, you may request being seen by a physician who will prescribe any treatments, medications, etc., that may be necessary.

18. Visiting hours

Your guests may see you on the unit on weekdays from 1800 hours to 2000 hours and on weekends from 1400 hours to 1600 hours, and 1800 hours to 2000 hours. Visitors who come to the unit may use the main room area early. Visitors will routinely be limited to two at any one time.

19. Bush Party

The completion of the seasonal harvesting was traditionally a happy occasion and reason to celebrate for the Pennsylvania Dutch. Thus, we have taken the name of this Dutch custom for the party that we have at the completion of a major work project. It is a time in which both soldiers and staff get together with their wives, husbands, girl friends, etc. There is always plenty of food and cold drinks. Softball, touch football and other games add to the occasion.

20. Role of the C.Q.

Each evening, a C.Q. (Charge of Quarters) assists the technician on duty. All C.Q. tours are determined from a roster, and the individuals on this roster will be determined by the staff. The C.Q. has his own desk and a C.Q. book in which he writes a brief account of the night's activities. This C.Q. report is read at Unit Meeting the following morning. The same soldier may not pull C.Q. duty two nights in a row. The C.Q. may wear military boots or military low-quarter shoes. Low quarters are to be worn with the fatigue uniform only. See Table 3 for C.Q. duties.

TABLE 3. DUTIES OF THE C.Q.\*

<u>DUTY</u>	<u>POINTS</u>
1. Preside over Unit Meeting and verbal report	10 points
2. Report for duty at 1800 hours	10 points
3. Assist technician on duty in monitoring soldier point spending.	10 points
4. Clean the Food store.	10 points
5. Clean the technicians' office	15 points
6. Clean the conference room	15 points
7. Police the soldiers' lounge after lights out, to include picking up trash, emptying ash trays, folding ping pong table, and placing chairs in their proper places	10 points
8. Make coffee at 0600 hours	10 points
9. Assist the technician on duty as directed	10 points
Maximum point earnings possible..... 100 points	

\*NOTE: To be eligible for C.Q. duty, a soldier must attend all activities of the unit the day prior to going on C.Q. duty.

#### 21. Work project

The work project is the afternoon program which begins at 1150 hours with a brief inspection and continues through 1600 hours. The inspection will be conducted to ensure that each man's personal appearance is appropriate for work project and that he has a complete uniform.

Work projects are mission assignments which are chosen by work project director, planned and executed by both Project GROW soldiers and the work project staff. The mission assignments are group projects which allow the soldiers to work together on a program specifically planned to constructively assist or improve the community. Work project activities do not involve details - rather they are construction and building-type tasks in which each man has the opportunity to try his skill in new areas.

#### 22. Unit Food Store

Hours of the unit food store are as follows:

Daily: 0930 to 0940 hours  
1800 to 1815 hours  
2100 to 2115 hours

Friday and Saturday nights: 2330 to 2345 hours  
Saturday and Sunday afternoons: 1400 to 1415 hours

Prices and buying limits in the food store are subject to change. A current point price list is maintained and posted in the store. (S9).

Rules of food store:

- a. All soldiers have food store privileges.
- b. No sales to soldiers without points in the black at the time of purchase (NO CREDIT).
- c. Staff pays cash. No cash sales for soldiers.
- d. Soldiers are currently limited to 200 points per day for food store purchases.

### 23. Medications

Numerous studies have shown that a person whose physician has prescribed medicines has a minimal chance of having to be rehospitalized if he continues to take the medicines as directed. A person who fails to take the medicines has about one chance in two (50%) of being rehospitalized within a month of stopping medication. This is roughly the length of time it takes for the medicine to get out of his system.

A soldier who wishes to explore the possibility of taking less medication or even stopping medication should consult with the ward physician to see if a plan for this can be devised.

Most soldiers in Project GROW will be on a class of medicines called Phenothiazines or derivatives of Phenothiazines. These include Thorazine, Stelazine, Mellaril, etc. Most side effects of these drugs are mild and reversible. Those of little significance include mild dizziness on arising from lowered blood pressure (one should arise slowly); dry mouth, and constipation. Because these medicines are stored in the fat of the skin, one should avoid excessive exposure to sunlight. Side effects that should immediately be reported to the ward physician include sore throat or fever, jaundice (whites of eyes or skin turn yellow), tendency to bleed or bruise easily, rigidity or weakness of muscles and trouble talking or swallowing.

A soldier on medicines should not drink alcoholic beverages or drive a vehicle without permission from the ward physician.